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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 59

SERIAL NUMBER 10/621,787	FILING DATE 07/17/2003 RULE	CLASS 435	GROUP ART UNIT 1636	ATTORNEY DOCKE NO. 99-08D1
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### APPLICANTS

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OK

### \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/552,204 04/19/2000 PAT 6,620,909  
which claims benefit of 60/130,207 04/20/1999

None

### \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 10/17/2003

\*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	DRAWING 1	CLAIMS 32	CLAIMS 6
Verified and Acknowledged Examiner's Signature	Initials				

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### TITLE

Adipocyte complement related protein homolog zacrp2

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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